

Testimony in SUPPORT of  
HB 6617: An Act to Promote Equity in Coverage for Fertility Healthcare  
Norin Ansari MD MPH  
February 13, 2023

Dear Members of the Human Services Committee of the CT General Assembly,

My name is Norin Ansari and I reside in New Haven, CT. I am an oncology and hematology physician, currently working as chief fellow in the hematology/oncology training program at Yale New Haven Hospital. I care for adult patients who are diagnosed with cancer. This testimony reflects my own opinion and not my employer's. I am writing in support of HB 6617.

One year ago, I cared for a 22-year-old student who was admitted to the hospital with swollen lymph nodes, night sweats, and weight loss. We diagnosed him with acute leukemia and we needed to start chemotherapy urgently. Many chemotherapy regimens affect future fertility for both men and women, so he was counseled on sperm banking prior to beginning chemotherapy. Ultimately, despite his desire for future children, he could not complete the sperm banking because it was not covered by his Medicaid insurance and the quoted out-of-pocket cost was unaffordable for him. Had he had private insurance, coverage for this procedure would have been mandated based on 2017 CT legislation.

This, to me, represents a huge shortcoming in our medical care. This young man was facing a devastating diagnosis and an extremely challenging treatment regimen ahead. We were hoping for long-term survival and return to normalcy after treatment. For many young people, this survivorship includes raising a family. What should have been a quick procedure to help ensure this young man's future family planning efforts was omitted due to a gap in his health insurance.

As an oncologist, I have taken care of many similar patients who require treatments such as chemotherapy, radiation, or surgery that can cause future infertility. This includes a 21-year-old daycare teacher with widespread aggressive lymphoma whose treatment will involve chemotherapy and surgical removal of her ovaries, a 70-year-old former nurse who is childless not by choice after breast cancer treatment decades ago, and a 43-year-old lawyer who did not freeze her eggs prior to colon cancer treatment and has had difficulty conceiving for the past 5 years. While it is extremely difficult for young people to undergo fertility treatments and cancer treatments in sequence, it becomes much more difficult when there are financial barriers that make recommended or desired procedures impossible.

These calamities can befall any one of us, our loved ones, or our neighbors without warning, and available medical resources should not be limited to only those with private insurance. In 2017, Connecticut was the first state to mandate fertility coverage for insured patients with cancer. It is my hope that Connecticut will continue to be a leader in health equity and access by expanding coverage to include patients with public insurance.

Thank you to the members of the committee for introducing this bill and discussing this important issue. I ask you to please support and pass HB 6617 out of committee.

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